



Referral

Dreams to Reality
 512 Jefferson, St., P.O. Box 104564
 Jefferson City, MO 65110
 (573) 681-9675
 (573) 634-8188 Fax

THIS DOCUMENT REFERS		
Participant		Date
Address		Telephone Number
Date of Birth		Alternate Telephone Number
REFERRING AGENCY INFORMATION		
Referring Agency		Telephone Number
Address		
Contact Person		
ADDITIONAL INFORMATION		
Prospective Employer(s)		Interview Date(s)
Clothing Size	Shoe Size	Special Needs
Appointments Personal Image Date _____ Time _____ Volunteers _____ _____ Hair, Makeup, Aesthetician, Other Date _____ Time _____ Where _____ _____ Date _____ Time _____ Where _____ Comments:		
Number Items Received Suits ____ Jackets ____ Shoes ____ Pants ____ Blouses ____ Skirts ____ in Both Appointments Jewelry ____ Purses ____ Accessories ____ Other _____ _____ _____		
30 DAY FOLLOWUP		
_____ Not Employed _____ Employed Employer _____ Comments:		